

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City, Mo. (No. Research Hosp)

Registration District No. 399  
Primary Registration District No. 1002

File No. 1309  
Registered No. 347  
St. Mo. Ward 4

**2. FULL NAME**

(a) Residence, No. 825 E 22nd Ave St. Mo. Ward 4  
(Usual place of abode) Mo. Res.  
Length of residence in city or town where death occurred yrs. 7 mos. 7 ds. How long in U. S., if of foreign birth? yrs. 7 mos. 7 ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED (HUSBAND OF OR) WIFE OF Annie Hendrix

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13 - 1877

7. AGE YEARS 54 MONTHS 4 DAYS 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Employed  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1

13. NAME Geo. Hendrix

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 2

15. MAIDEN NAME Mary Kern

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1

17. INFORMANT (ADDRESS) Annie Hendrix  
825 E 22nd Ave Mo. Res.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Hampton, Mo DATE Jan 30, 1932

19. UNDERTAKER (ADDRESS) Morton & Co  
Mo. Res.

20. FILED 1-29-32 mm Mo Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1932, to Jan. 29, 1932

I last saw him alive on Jan. 28, 1932. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Voluntarily of the Ullm  
General pneumonia  
121A  
121B  
121C  
121D  
121E  
121F  
121G  
121H  
121I  
121J  
121K  
121L  
121M  
121N  
121O  
121P  
121Q  
121R  
121S  
121T  
121U  
121V  
121W  
121X  
121Y  
121Z

Other contributory causes of importance:  
Ant. perforated  
appendix

Name of operation Appendectomy Date of 1/23/32  
What test confirmed diagnosis clinical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No Date of injury Jan 28

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. H. Hienrichs, M. D.

(Address) North Kansas City, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

